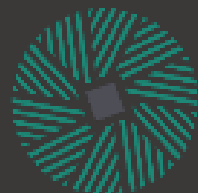


Scaling Up Agricultural BMPs



Delaware River Watershed Forum
Cape May, NJ
September 24, 2018



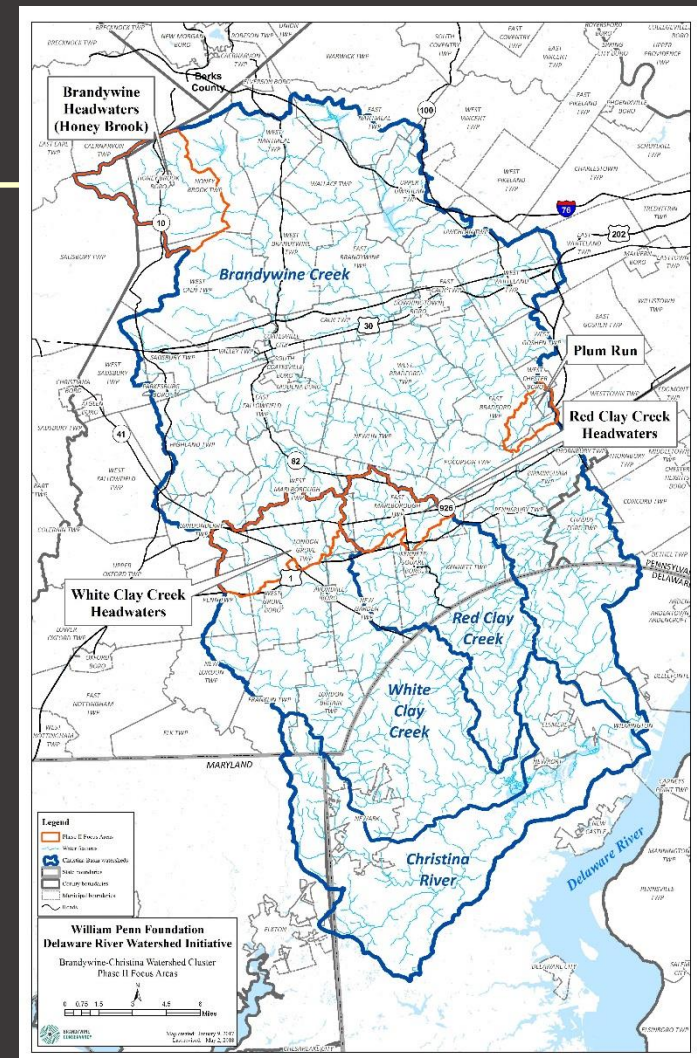
BRANDYWINE
CONSERVANCY

Grant DeCosta
Senior Planner for Land Conservation
Brandywine Conservancy

Delaware River Watershed Initiative

William Penn Foundation: Brandywine-Christina Cluster

- 565 sq. miles
- Only tri-state cluster (PA, DE, & MD)
- Drinking water for over 600,000 people
- Contributes \$1.5 billion to the local economy
- High development pressure
 - over 5,000 acres per year during its peak
 - DVRPC projects 150,000 residents over next 30 years
- Agricultural stressors



Brandywine Conservancy & Museum of Art

Art & Environment



N. C. Wyeth (1882-1945), *Treasure Island*, endpaper illustration, 1911, oil on canvas, 32 3/4 × 47 1/8".
Purchased in memory of Hope Montgomery Scott, 1997.

Brandywine Conservancy

Land Preservation
Municipal Assistance
Land Conservation

- Founded in 1967
- 483 Easements
- 64,492 acres protected
- 2 nature preserves
- Over 5 miles of walking trails on our campus

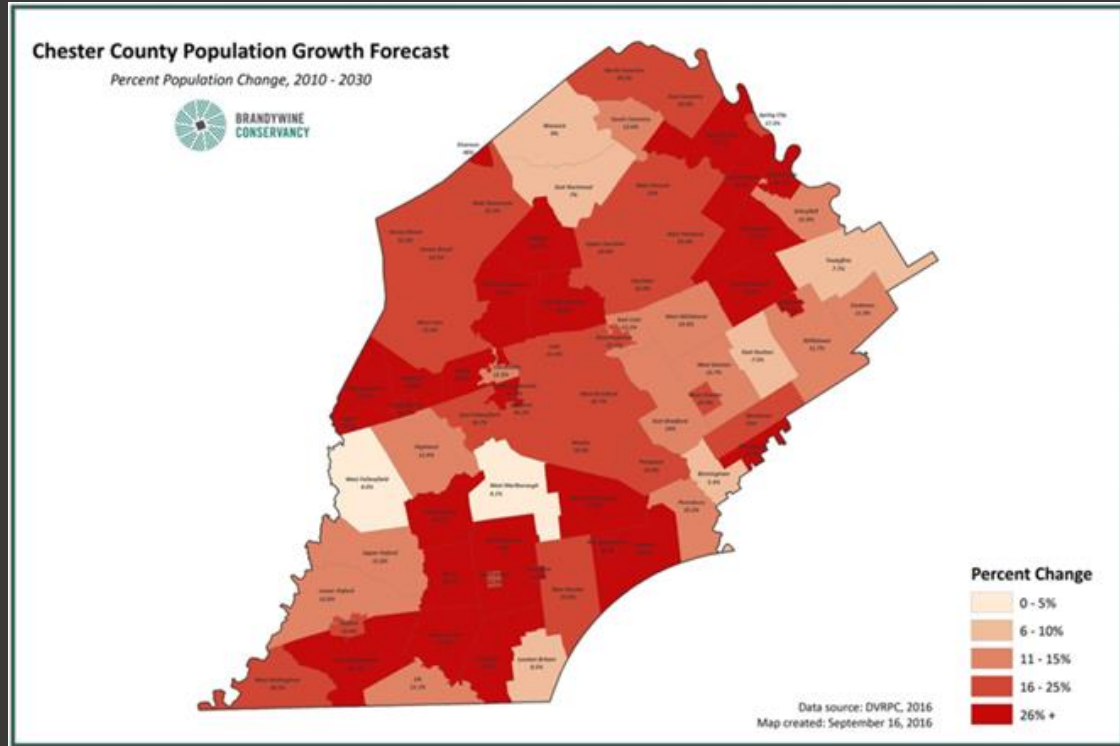


Photo by Chuck Bowers

Our mission is to conserve and protect the land, water, natural and cultural resources of the Brandywine-Christina watershed.

...and other selected areas with a primary emphasis on water quality and quantity.

Why Farmland?

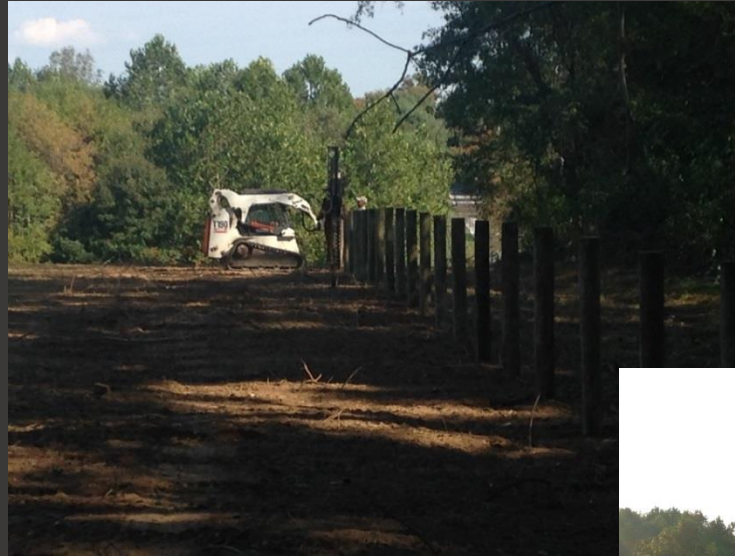
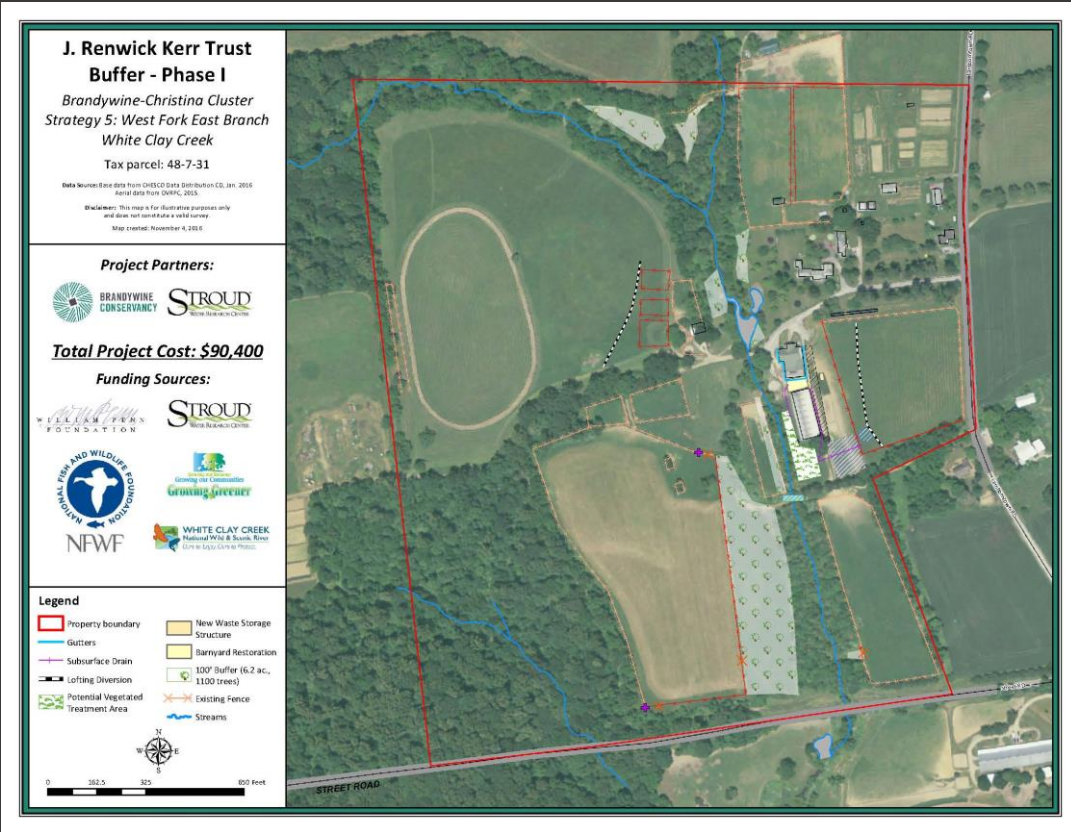


Greater Philadelphia's Agricultural Land Needs

DEMAND			SUPPLY		DEFICIT
DVRPC REGION 2005 POPULATION (PERSONS)	TOTAL AGRICULTURAL LAND NEEDS PER CAPITA (ACRES)*	TOTAL AGRICULTURAL LAND NEEDS FOR GREATER PHILADELPHIA (ACRES)	DVRPC REGION 2007 TOTAL CROPLAND AND PASTURELAND (ACRES)**	(ACRES)	
5,519,051	x 1.23	= 6,788,433	379,481	-6,408,952	
100-MILE FOODSHED 2003 POPULATION (PERSONS)	TOTAL AGRICULTURAL LAND NEEDS PER CAPITA (ACRES)*	TOTAL AGRICULTURAL LAND NEEDS FOR THE 100-MILE FOODSHED (ACRES)	100-MILE FOODSHED 2007 TOTAL CROPLAND AND PASTURELAND (ACRES)**	(ACRES)	
30,954,544	x 1.23	= 38,074,089	4,127,348	-33,946,741	

*Assumes a diet that meets recommended total caloric value of 2,000 calories per person, and includes about nine ounces of cooked meat and eggs and 91 grams of fat.
**Excludes "woodland not pastured" and "land in farmsteads, buildings, etc."

WPF DRWI White Clay & Red Clay Creeks Focus Areas



WPF DRWI Honey Brook Focus Area



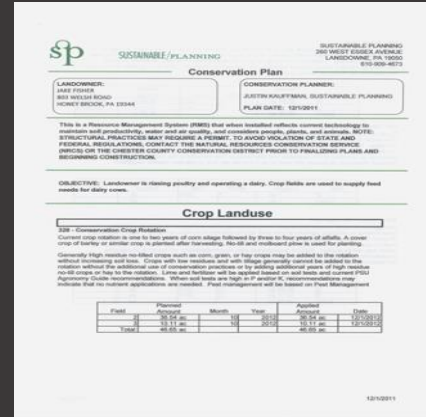
B-C Cluster Land Conservation – TA

Technical Assistance Process:

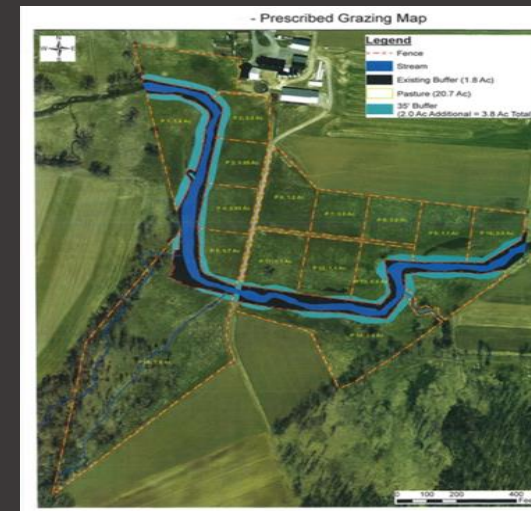
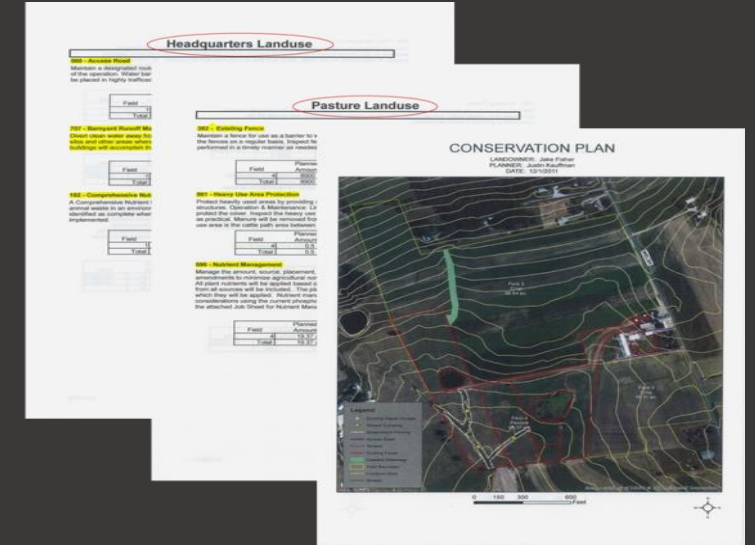
- Assessment
 - Targeted area farm assessments in defined service areas
 - Funding to embed
- **PLANNING = FUNDING**
 - NRCS-level Conservation Plans and complimentary plans
- **BMP Implementation**
 - TA and FA
- **Evaluation**
 - Inventory of implemented BMPs
 - Inventory of opportunities
 - Revolving implementation forecast
 - BMP monitoring

Federal Funding – EQIP / RCPP

- PA Chapter 91
 - Manure Management Plan
 - Nutrient Management Plan
- PA Chapter 102
 - Ag Erosion and Sediment Control Plan
 - NRCS-level Conservation Plans
 - Ancillary tools: Pasture Planning, Grazing Plan
- Inventory and Engineering Report
 - Identification of resource concerns – SWAPAH+E
- Comprehensive Nutrient Management Plan



Conservation Plan



Grazing Plan

Application Assistance – CPA 1200

CONSERVATION PROGRAM APPLICATION

Name:	Application Number:
Address:	Application Date:
	County and State:
Email:	Watershed:
Telephone:	Subaccount:
Location (Legal Description of Farm and Tract Number):	

1. Yes No Do you have farm records established with the appropriate USDA Service Center Agency?

If no, you must establish them with the appropriate USDA Service Center Agency prior to submitting this application.

2. This is an application to participate in the:

<input type="checkbox"/> Agricultural Management Assistance (AMA)	<input type="checkbox"/> Environmental Quality Incentives Program (EQIP)
<input checked="" type="checkbox"/> Conservation Stewardship Program (CSP) <input type="checkbox"/> CSP Renewal	<input type="checkbox"/> Agriculture Conservation Easement Program (ACEP) - Wetland Reserve Easements (WRE)
<input type="checkbox"/> Regional Conservation Partnership Program (RCPP) <input type="checkbox"/> EQIP <input type="checkbox"/> CSP	<input type="checkbox"/> Regional Conservation Partnership Program (RCPP) <input type="checkbox"/> ACEP - (WRE) <input type="checkbox"/> Healthy Forest Reserve Program (HFRP)

3. Are you applying to participate in a conservation program as an (check one of the following):

Individual

a) Please enter your legal name and tax identification number:

Name: **Tax Number:**

Entity (Corporation, Limited Partnership, Trust, Estate, etc.)

a) Please enter entity legal name and tax identification number:

Name: **Tax Number:**

b) Yes No Do you have appropriate documents including proof to sign for the entity?

Joint Operation (General Partnership, Joint Venture)

a) Please enter joint operation legal name and tax identification number:

Name: **Tax Number:**

b) Yes No Do you have appropriate documents including proof to sign for the joint operation?

4. Is the land being offered for enrollment used for crop (including forest-related) or livestock production?

- Crop Production **Crop Type:**
 Livestock Production **Livestock Type:**

5. The land offered under this application is (check all that apply):

- Private Land
 Public Land (Federal, State, or Local Government)
 Tribal, Allotted, Ceded or Indian Land

6. You certify that Certification of control of the land offered under the application is evidenced by:

Deed or other evidence of land ownership (required for all ACEP-WRE applications)

Written lease agreement
Years of control are through

Other agreement or legal conveyance (describe):
Years of control are through

7. Yes No Is the land offered under this application enrolled in any other conservation program?

8. Do you meet the criteria for any of the following categories? (mark all that apply)

- Limited Resource Farmer or Rancher
 Beginning Farmer or Rancher
 Socially Disadvantaged Farmer or Rancher
 Veteran Farmer or Rancher
 Not Applicable

If you wish to apply in any of these categories, you must meet the self certification requirements. Definitions are provided below. For more information please go to this website:

<https://iftool.sc.egov.usda.gov/>

Limited Resource Farmer or Rancher – The term "Limited Resource Farmer or Rancher" means a participant:

- With direct or indirect gross farm sales not more than the current indexed value in each of the previous two years, and
- Who has a total household income at or below the national poverty level for a family of four, or less than 50 percent of county median household income in each of the previous two years.

A legal entity or joint operation can be a Limited Resource Farmer or Rancher only if all individual members independently qualify. A Self-Determination Tool is available to the public and may be completed on-line or printed and completed hardcopy at: <https://iftool.sc.egov.usda.gov/>

Beginning Farmer or Rancher– The term "Beginning Farmer or Rancher" means a participant who:

- Has not operated a farm or ranch, or who has operated a farm or ranch for not more than 10 consecutive years. This requirement applies to all members of a legal entity, and who
- Will materially and substantially participate in the operation of the farm or ranch.

In the case of a contract with an individual, individually or with the immediate family, material and substantial participation requires that the individual provide substantial day-to-day labor and management of the farm or ranch, consistent with the practices in the county or State where the farm is located.

In the case of a contract made with a legal entity, all members must materially and substantially participate in the operation of the farm or ranch. Material and substantial participation requires that the members provide some amount of the management, or labor and management necessary for day-to-day activities, such that if the members did not provide these inputs, operation of the farm or ranch would be seriously impaired.

Socially Disadvantaged Farmer or Rancher- The term "Socially Disadvantaged" means an individual or entity who is a member of a socially disadvantaged group. For an entity, at least 50 percent ownership in the farm business must be held by socially disadvantaged individuals. A socially disadvantaged group is a group whose members have been subject to racial or ethnic prejudice because of their identity as members of a group without regard to their individual qualities. These groups consist of the following:

- American Indians or Alaskan Natives
- Asians
- Blacks or African Americans
- Native Hawaiians or other Pacific Islanders
- Hispanics.

Note: Gender alone is not a covered group for the purposes of NRCS conservation programs. The term entities reflect a broad interpretation to include partnerships, couples, legal entities, etc.

Veteran Farmer or Rancher. The term "Veteran Farmer or Rancher" means a farmer or rancher who:

- Served in the active military, naval, or air service, and
- Who was discharged or released from the service under conditions other than dishonorable, and
- Who has not operated a farm or ranch; or has operated a farm or ranch for not more than 10 consecutive years.

A legal entity or joint operation can be a Veteran Farmer or Rancher only if all individual members independently qualify.

9. Is any of the land offered for enrollment under this application:

- Certified Organic by the National Organic Program (NOP)
 Transitioning to become Certified Organic by the NOP
 Exempt from Organic Certification as defined by the NOP
 Not Applicable

Certification in any of these categories is to assist with planning and will not automatically result in the application being considered in any initiatives made available for organic-related production. Applicants must specifically request to participate in an organic initiative. Note that the EQIP Organic Initiative has a lower payment limitation (\$20,000/year and \$80,000 over any 6-year period per person or legal entity) than payments made to a person or legal entity under General EQIP.

On the farm(s) identified above, the Applicant agrees to participate in the identified program if the offer is accepted by the NRCS. The undersigned shall hereafter be referred to as the "Participant." The participant understands that starting a practice prior to contract approval causes the practice to be ineligible for program financial assistance. The participant will obtain the landowner's signature on the contract or provide written authorization to install structural or vegetative practices. The Participant agrees not to start any financially assisted practice or activity or engage the reimbursable services of a certified Technical Service Provider before a Contract is executed by CCC. The Participant may request, in writing, a waiver of this requirement for financially assisted practices by the NRCS State Conservationist.

All participants that certify land control or certify eligibility as Limited Resource Farmer or Rancher, Beginning Farmer or Rancher, or Veteran Farmer or Rancher will provide all records necessary to justify their claim as requested by a NRCS representative. It is the responsibility of the Participant to provide accurate information to support all items addressed in this application at the request of NRCS. False certifications are subject to criminal and civil fraud statutes.

The Participant acknowledges that highly erodible land conservation/wetland conservation, adjusted gross income certifications, and member information for entities and joint operations are on file with the FSA.

10. Yes No I have received a copy of the applicable conservation program contract appendix.

Applicant Signature	Date
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NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Application Assistance – CCC 941

This form is available electronically.

CCC-941 U.S. DEPARTMENT OF AGRICULTURE
(03-28-14) Commodity Credit Corporation

1. Return completed form to:

AVERAGE ADJUSTED GROSS INCOME (AGI) CERTIFICATION AND CONSENT TO DISCLOSURE OF TAX INFORMATION
Agricultural Act of 2014

(Name and address of FSA county office or USDA Service Center)

NOTE: The following information is required to be provided with the Privacy Act of 1974 for USDA, except as otherwise noted. The purpose of collecting the information is to determine eligibility for CCC-941, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (Pub. L. 99-193), and the Agricultural Act of 2014 (Pub. L. 113-73). The information will be used to determine eligibility for program benefits. The information collected on this form may be provided to other Federal, State, Local government agencies, Tribal agencies, and non-governmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Privacy Policy (located in the System of Records Notice for USDA FSA-2, Farm Records File (Automated)). Providing the requested information is voluntary; however, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

This information collection is authorized by the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-73, Title 1, Subtitle F—Administration). **PLEASE RETURN COMPLETED FORM TO FSA AT THE ABOVE ADDRESS.**

2. Name and Address of Individual or Legal Entity (including Zip Code)	3. Taxpayer Identification Number (TIN) (Social Security Number for Individual; or Employer Identification Number for Legal Entity)
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(Use the same name and address as used for the tax return specified in Part B.)

PART A – CERTIFICATION OF AVERAGE ADJUSTED GROSS INCOME

4. The program year for payment eligibility

A. 20 Enter the year for which program benefits are requested. The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. For example, the 3-year period for the calculation of the average AGI for 2014 would be the taxable years of 2012, 2011 and 2010.

5. I certify that the average adjusted gross income of the individual or legal entity in Item 2 (for the year included in Item 4) was:

A. Less than (or equal to) \$900,000

B. More than \$900,000

PART B – CONSENT TO DISCLOSURE OF TAX INFORMATION

Pursuant to 26 U.S.C. §6103, I hereby authorize the Internal Revenue Service (IRS) to review the following items of return information (as defined in 26 U.S.C. §6103(b)(2)) from the returns (as specified below) of the individual or legal entity identified in Item 2 for the taxable years indicated in Item 4:

Form 1040 and 1040NR filers; farm income or loss; adjusted gross income	Form 1120, 1120A, 1120C filers; charitable contributions, taxable income
Form 1041 filers; farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income	Form 1120S filers; ordinary business income
Form 1085 filers; guaranteed payments to partners, ordinary business income	Form 990T; unrelated business taxable income

I understand the IRS will review these items of return information in order to perform calculations, the results of which I authorize to be disclosed to officers and employees of the United States Department of Agriculture (USDA) for use in determining the individual's or legal entity's eligibility for specified payments for various commodity and conservation programs. The calculations performed by the IRS use a methodology prescribed by the USDA. In addition, I am aware that the USDA may use the information received for compliance purposes related to this eligibility determination, including referrals to the Department of Justice.

Specially, the IRS will disclose to the USDA the individual's or legal entity's name and TIN, and inform the USDA if, pursuant to its calculations, the average Adjusted Gross Income (AGI) is above or below eligibility requirements as prescribed by the Agricultural Act of 2014. The IRS will also disclose to the USDA the type of return from which the information used for the calculations was obtained.

If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that a return has not been filed, for any of the taxable years indicated, the IRS may disclose that it was unable to locate a return, or that a return was not filed, for those years, whichever is applicable.

An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.

- By signing this form:
- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;
 - I certify that all information contained within this certification is true and correct; and is consistent with the tax returns filed with the IRS;
 - I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing this form;
 - I am aware that without this consent to disclosure, the returns and return information of the individual or legal entity identified in Item 2 are confidential and are protected by law under the Internal Revenue Code;
 - I certify that I am authorized under applicable state law to execute this consent on behalf of the legal entity identified in Item 2 (for legal entity only).

6. Signature (By)	7. Title/Relationship of the Individual if Signing in a Representative Capacity for a legal entity	8. Date (MM-DD-YYYY)
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This is a representation of the USDA's privacy policy regarding the collection, use, and disclosure of information on the basis of race, color, national origin, age, ancestry, sex, gender identity, religion, marital status, marital status, public benefits, marital status, marital status, sexual orientation, or any part of an individual's income or resources from any public assistance program or credit-based information or employment in any program or activity considered to be funded by the Government. For all prohibited uses, all applicable privacy laws apply to all programs and/or employees. Persons with disabilities, who wish to file a complaint, write to the address below or if you require alternative means of communication for program information, write to the address below. For more information, contact USDA, Office of the Inspector General, 1400 Independence Avenue, SW, Washington, DC 20250-8410, by fax (202) 690-7442 or e-mail at programintake@usda.gov. USDA is an equal opportunity employer and provider.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ase.usda.gov/complaint_filing_usd.html or at any USDA office, or call (866) 632-6892 to request the form. You may also write a letter containing all of the information requested in the form. Send your complete complaint form or letter to: U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-8410, by fax (202) 690-7442 or e-mail at programintake@usda.gov. USDA is an equal opportunity employer and provider.

CCC-941 (03-28-14)

GENERAL INFORMATION ON AVERAGE ADJUSTED GROSS INCOME – PART A

Page 2 of 2

Individuals or legal entities that receive benefits under most programs administered by CCC cannot have incomes that exceed a certain limit set by law. For entities, both the entity itself, and its members cannot exceed the income limitation. If a member, whether an individual or an entity, of an entity exceeds the limitation, payments to that entity will be commensurately reduced according to that member's direct or indirect ownership share in the entity. (All members of the entity must also submit this form to verify income the limitation is met.)

Adjusted Gross Income is the individual's or legal entity's IRS-reported adjusted gross income consisting of both farm and nonfarm income. A three year average of that income will be computed for the three years of the relevant base period identified on the first page of this form to determine eligibility for the applicable program year. Individuals or legal entities with average adjusted gross income greater than \$900,000 shall be ineligible for all payments and benefits under the commodity, price support, disaster assistance, and conservation programs.

HOW TO DETERMINE ADJUSTED GROSS INCOME (AGI)

- Individual** – Internal Revenue Service (IRS) Form 1040 filers, specific lines on that form represent the adjusted gross income and the income from farming, ranching, or forestry operations.
- Trust or Estate** – the adjusted gross income is the total income and charitable contributions reported to IRS.
- Corporation** – the adjusted gross income is the total of the final taxable income and any charitable contributions reported to IRS.
- Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Similar Entity** – the adjusted gross income is the total income from trade or business activities plus guaranteed payments to the members as reported to the IRS.
- Tax-exempt Organization** – the adjusted gross income is the unrelated business taxable income excluding any income from non-commercial activities as reported to the IRS.

HOW TO DETERMINE AVERAGE ADJUSTED GROSS INCOME

The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. Use this table for applicable years to be used in determining average AGI.

IF the crop year is ...	THEN... Average AGI will be based on the following years....
2014	2012, 2011, and 2010
2015	2013, 2012, and 2011
2016	2014, 2013, and 2012
2017	2015, 2014, and 2013
2018	2016, 2015, and 2014

GENERAL INFORMATION ON CONSENT TO DISCLOSURE OF TAX INFORMATION – PART B

This consent allows IRS's access to, and use of, certain items of return information to perform calculations, using a methodology prescribed by the USDA, that will assist USDA in its verification of a program participant's compliance with the adjusted gross income (AGI) limitations necessary for participation in, and receipt of, commodity, conservation, price support or disaster program benefits. This consent also permits the USDA to receive certain items of return information for its eligibility determination.

This consent authorizes the disclosure of these items of return information for only the time period specified. Each item of information requested on this form is needed for the IRS to (1) locate, and verify, your tax information; (2) perform the requisite Average AGI calculations; and (3) provide the USDA with the legal entity's name and Taxpayer Identification Number (TIN), the type of return from which the specified items were located for use in the calculation, and whether or not the average AGI is above or below eligibility requirements. The IRS will not provide the USDA with any of the items specified on this consent form that it uses to perform the calculations or the average AGI figure.

This form can only be signed by the person authorized under state law to sign this consent for the legal entity identified in Item 2. **An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.**

INSTRUCTIONS FOR COMPLETION OF CCC-941

Item No./Field name	Instruction
1. Return Completed Form To	Enter the name and address of the FSA county office or USDA service center where the completed CCC-941 will be submitted.
2. Person or Legal Entity's Name and Address	Enter the person's or legal entity's name and address for commodity, conservation, price support, or disaster program benefits. Enter the name and address as it appeared on the IRS tax returns filed for the taxable years specified in Item 4.
3. Taxpayer Identification Number	In the format provided, enter the complete taxpayer identification number of the person or legal entity identified in Item 2. This will be either a Social Security Number or Taxpayer Identification Number.
4. Program Year	Enter the year for which program benefits are being requested. The program year entered determines the 3-year period used for the calculation of the average adjusted gross income (AGI) for payment eligibility and the years for which this consent allows access to tax information.
5. Average Adjusted Gross Income	Select the box next to the response that describes the average adjusted gross income for the applicable 3-year period for the program year entered in Item 4. Select only one response.
6. Signature	Read the acknowledgments, responsibilities and authorizations, before affixing your signature. Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority.
7. Title/Relationship	Enter title or relationship to the legal entity identified in Item 2.
8. Date	Enter the signature date in month, day and year. This form must be returned to FSA within 90 days of the signature date for the consent to be valid.

Application Assistance – CCC 9021

This form is available electronically. (See Page 4 for Privacy Act Statement)

CCC-9021 (03-28-14) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation
FARM OPERATING PLAN FOR AN INDIVIDUAL
Agricultural Act of 2014

1. County	3. Program Year
2. State	

For "actively engaged in farming" and other payment eligibility and limitation determinations.
This form is to be completed by, or on behalf of, an individual who is speaking benefits from the Farm Service Agency (FSA) as an individual (and not as part of an entity) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the individual who receives program benefits directly using the social security number identified in Part A. This form also collects information about entities engaged in farming in which the individual has an interest. Such entities must complete a CCC-902E if they are requesting program benefits. Payment eligibility for the individual is based upon the contribution level of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the individual identified in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.

PART A – BASIC INFORMATION

1. Individual's Name and Address (include Zip Code)	2. Social Security Number (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)
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PART B – ADDITIONAL INFORMATION

1. Is this individual a U.S. citizen? <input type="checkbox"/> YES. Go to item 4A <input type="checkbox"/> NO. Go to item 2	2. Is this individual an alien lawfully admitted into the U.S.? <input type="checkbox"/> YES, must present a Resident Alien Card (I-551). <input type="checkbox"/> NO	3. FOR COUNTY FSA USE ONLY (Has a Resident Alien Card, I-551 shown?) <input type="checkbox"/> YES <input type="checkbox"/> NO
4A. Is this individual under 18 years of age as of June 1 of the program year that is specified in item 3? <input type="checkbox"/> NO. Go to item 7. <input type="checkbox"/> YES, continue with item 4B	4B. Enter Date of Birth (MM-DD-YYYY)	

5. Enter the name, address, and social security number of parent or guardian:		
A. Parent's or Guardian's Name	B. Parent's or Guardian's Address	C. Social Security Number of Parent or Guardian (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)

D. Does this individual maintain a separate household from parent or guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO

6. List the direct and indirect interests in all farming operations of this individual's parents or guardians:			
A. Parent's or Guardian's Name	B. Name of Farming Interest	C. Tax ID Number of Farming Interest (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)	D. County and State Where Farming Interest is Located

7. Other Farming Interests. Complete this item for all farming entities, including joint operations, in which the individual identified in Part A has an interest, and for any farming interests of a spouse or minor child. <input type="checkbox"/> N/A. Go to Part C.			
A. Other Farming Interests	B. Whose Farming Interest? (Self, Spouse, Minor child)	C. Tax ID Number of Farming Interest (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)	D. County and State Where Farming Interest is Located

A. Type of Contribution	B. Name of Loan or Credit Source	C. Guarantor's Name	D. Credit Source or Guarantor's Affiliation or Interest in the Farming Operation	E. Percent of Total Capital
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1. Owned Equipment: Enter the percent of ALL equipment owned by the individual identified in Part A that will be used on the farms listed in Part C? If the individual specified in Part A does not own any of the equipment used in the farming operation, enter 0%.	2. Leased Equipment: Enter the following information for ALL leased equipment to be used by the individual identified in Part A on the farms listed in Part C. If leased equipment is not used in this farming operation, enter 0%.		
A. Percent of Total Equipment Used by the Individual	B. Name of Party/Entity Equipment is Leased From	C. Type of Equipment Leased	D. Does the Party/Entity the equipment is leased from have an interest in this farming operation? <input type="checkbox"/> YES <input type="checkbox"/> NO

3. Lease agreements: If item 2D is "YES," copies of lease agreement and documentation may be required for compliance purposes. GO TO Part F.
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The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6116 (in Spanish).

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MINORS

CCC-9021 (03-28-14) Name of Individual (as identified in Part A): _____ Page 2 of 4

INSTRUCTIONS FOR PARTS C THROUGH H. Only include information for the individual identified in Part A. Do not include information for any farming interests listed in Part B, Item 7.

PART C – LAND

1. Land: Enter the following information for ALL land farmed by the individual identified in Part A and not as part of an entity. If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in \$/acre Column F; otherwise enter "cash."

A. Farm No.	B. Location (County and State)	C. Check As Applicable			D. Name of Individual or Entity Whom Land is Leased to and/or From (includes names of landowners and landlords)	E. Acres Owned or Leased	F. Rental Rate \$ per Acre or % of Crop Share	G. Check here if same land interest was held last year
		Owned	Leased To	Leased From				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

For additional space for land, complete CCC-902 Continuation and attach to this form. Check here if attached.

PART D – CAPITAL SOURCES AND USES

1. Indicate the source of all farming capital for the individual identified in Part A for the farms listed in Part C. (Check all that apply.)
 Non-borrowed capital Private loans/credit FSA program payments
 Commercial loans/credit Other: _____

2. Will contributions of capital, farming equipment or land be acquired as a result of a loan or credit arrangement?
 YES go to item 3 NO go to Part E

3. Will such loan or credit be acquired from, guaranteed by, co-signed by, or secured by another individual or entity that has an interest in the farming operation identified in Part A? (Such interest may be as a landowner or another tenant.)
 YES. Complete items 3A through 3E NO. Go to Part E.

A. Type of Contribution	B. Name of Loan or Credit Source	C. Guarantor's Name	D. Credit Source or Guarantor's Affiliation or Interest in the Farming Operation	E. Percent of Total Capital
				%
				%

If all land listed in Part C is owned by the individual identified in Part A, then proceed directly to Part I.

PART E – EQUIPMENT (All percentages are based on annual rental values.)

1. Owned Equipment: Enter the percent of ALL equipment owned by the individual identified in Part A that will be used on the farms listed in Part C? If the individual specified in Part A does not own any of the equipment used in the farming operation, enter 0%.

2. Leased Equipment: Enter the following information for ALL leased equipment to be used by the individual identified in Part A on the farms listed in Part C. If leased equipment is not used in this farming operation, enter 0%.

A. Percent of Total Equipment Used by the Individual	B. Name of Party/Entity Equipment is Leased From	C. Type of Equipment Leased	D. Does the Party/Entity the equipment is leased from have an interest in this farming operation? <input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Lease agreements: If item 2D is "YES," copies of lease agreement and documentation may be required for compliance purposes. GO TO Part F.

CCC-9021 (03-28-14) Name of Individual (as identified in Part A): _____ Page 3 of 4

PART F – CUSTOM SERVICES

1. Will custom services be utilized by the individual identified in Part A on the farms listed in Part C?
 NO. Go to Part G YES, complete items 1A through 1D of this Part.

A. Type of Services	B. Farm Number(s)	C. Number of Acres	D. Name of Provider

PART G – LABOR

For the farms listed in Part C, enter the information for contributions of active personal labor which will be provided by the individual identified in Part A, hired laborers, or by others:

Type	Amount
1. Active personal labor. Enter the percentage or hours to be provided by the individual identified in Part A. If the individual identified in Part A performs 1,000 or more hours of labor for this farming operation, enter "1,000" hours.	% hrs
2. Hired labor. Enter the percentage or hours of labor that will be hired.	% hrs
A. Will any of the hired labor originate from the same source as leased equipment shown in Part E? <input type="checkbox"/> NO <input type="checkbox"/> YES. If "YES," acceptable documentation to prove such relationship may be required for compliance purposes.	
B. Will any of the hired labor be included in the custom farming services shown in Part F? <input type="checkbox"/> NO <input type="checkbox"/> YES. If "YES," acceptable documentation to prove such relationship may be required for compliance purposes.	
3. Other labor. Enter the percentage of labor to be donated by family members or others. (No payment will be owed).	%

PART H – MANAGEMENT (The total percentage shown in items 1 through 3 must equal 100%)

For the farms listed in Part C, enter the estimated percent of the individual's total management responsibility and the type of managerial duties required which will be provided by the individual identified in Part A, by hired persons or entities, or by others who are not hired.

1. Active personal management:
A. Enter the estimated percent of the active personal management to be provided by the individual identified in Part A: _____ %
B. List the type of managerial duties/activities to be personally performed by the individual identified in Part A: _____

2. Hired management:
A. Enter the estimated percent of hired management: _____ %
B. Describe any paid management services provided by someone other than the individual identified in Part A: _____ %

3. Other management:
A. Enter the estimated percent of other management: _____ %
B. Describe any non-compensated management duties/activities provided by someone other than the individual identified in Part A: _____ %

PART I – CERTIFICATION

I certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form, I acknowledge that:

- all supporting documentation has been submitted as required.
- I have read and understand all definitions and requirements on Page 4.
- all information contained on this form will be considered in effect continuously unless changes or revisions are submitted.
- it is my responsibility to timely notify FSA in writing of any changes in the farming, ranching or forestry operation, or financial status that may affect these representations.
- evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and that I will take all necessary actions to provide such materials to FSA if requested.

1. Signature (By)	2. Title/Relationship of the individual signing in Representative Capacity	3. Date (MM-DD-YYYY)
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Application Assistance – AD 1026

This form is available electronically.
AD-1026
 (10-30-14)

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)
 U.S. DEPARTMENT OF AGRICULTURE
 Farm Service Agency

HIGHLY ERODIBLE LAND CONSERVATION (HEL) AND WETLAND CONSERVATION (WC) CERTIFICATION

Read attached AD-1026 Appendix before completing form.

PART A – BASIC INFORMATION

1. Name of Producer	2. Tax Identification Number (Last 4 digits)	3. Crop Year
4. Names of affiliated persons with farming interests. Enter "None," if applicable.		

Affiliated persons with farming interests must also file an AD-1026. See Item 7 in the Appendix for a definition of an affiliated person.

5. Check one of these boxes if the statement applies; otherwise continue to Part B.

- A. The producer in Part A does not have interest in land devoted to agriculture. Examples include bee keepers who place their hives on another person's land, producers of crops grown in greenhouses, and producers of aquaculture AND these producers do not own/lease any agricultural land themselves. Note: Do not check this box if the producer shares in a crop.
- B. The producer in Part A meets all three of the following:
- does not participate in any USDA program that is subject to HELC and WC compliance except Federal Crop Insurance,
 - only has interest in land devoted to agriculture which is exclusively used for perennial crops, except sugarcane, and
 - has not converted a wetland after February 7, 2014.

Perennial crops include, but are not limited to, tree fruit, tree nuts, grapes, olives, native pasture and perennial forage. A producer that produces alfalfa should contact the Natural Resources Conservation Service at the nearest USDA Service Center to determine whether such production qualifies as production of a perennial crop.

Note: If either box is checked, and the producer in Part A does not participate in Farm Service Agency (FSA) or Natural Resources Conservation Service (NRCS) programs, the full tax identification number of the producer must be provided, but establishment of detailed farm records with FSA is not required. Go to Part D and sign and date.

PART B - HELC/WC COMPLIANCE QUESTIONS

Indicate YES or NO to each question.

If you are unsure of whether a HEL determination, wetland determination, or NRCS evaluation has been completed, contact your local USDA Service Center.

	YES	NO
6. During the crop year entered in Part A or the term of a requested USDA loan, did or will the producer in Part A plant or produce an agricultural commodity (including sugarcane) on land for which an HEL determination has not been made?		
7. Has anyone performed (since December 23, 1985), or will anyone perform any activities to:		
A. Create new drainage systems, conduct land leveling, filling, dredging, land clearing, or excavation that has NOT been evaluated by NRCS? If "YES", indicate the year(s):		
B. Improve or modify an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s):		
C. Maintain an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s):		

Note: Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.

Note: If "YES" is checked for Item 7A or 7B, then Part C must be completed to authorize NRCS to make an HELC/WC and/or certified wetland determination on the identified land. If "YES" is checked for Item 7C, NRCS does not have to conduct a certified wetland determination.

8. Check one or both boxes, if applicable; otherwise, continue to Part C or D.
- A. Check this box only if the producer in Part A has FCIC reinsured crop insurance and filing this form represents the first time the producer in Part A, including any affiliated person, has been subject to HELC and WC provisions.
- B. Check this box if either of the following applies to the producer and crop year entered in Part A:
- is a tenant on a farm that is/will not be in compliance with HELC and WC provisions because the landlord refuses to allow compliance, but all other farms not associated with that landlord are in compliance. (AD-1026B, Tenant Exemption Request, must be completed).
 - is a landlord of a farm that is/will not be in compliance with HELC and WC provisions because of a violation by the tenant on that farm, but all other farms not associated with that tenant are in compliance. (AD-1026C, Landlord or Landowner Exemption Request, must be completed).

PART C – ADDITIONAL INFORMATION

9. If "YES" was checked in Item 6 or 7, provide the following information for the land to which the answer applies:

A. Farm and/or tract/field number:	
If unknown, contact the Farm Service Agency at the nearest USDA Service Center.	
B. Activity:	
C. Current land use (specify crops):	
D. County:	

AD-1026 (10-30-14)

Page 2 of 2

PART D – CERTIFICATION OF COMPLIANCE

I have received and read the AD-1026 Appendix and understand and agree to the terms and conditions therein on all land in which I (or the producer in Part A if different) and any affiliated person have or will have an interest. I understand that eligibility for certain USDA program benefits is contingent upon this certification of compliance with HELC and WC provisions and I am responsible for any non-compliance. I understand and agree that this certification of compliance is considered continuous and will remain in effect unless revoked or a violation is determined. I further understand and agree that:

- all applicable payments must be refunded if a determination of ineligibility is made for a violation of HELC or WC provisions.
- NRCS may verify whether a HELC violation or WC has occurred.
- a revised Form AD-1026 must be filed if there are any operation changes or activities that may affect compliance with the HELC and WC provisions. I understand that failure to revise Form AD-1026 for such changes may result in ineligibility for certain USDA program benefits or other consequences.
- affiliated persons are also subject to compliance with HELC and WC provisions and their failure to comply or file Form AD-1026 will result in loss of eligibility for applicable benefits to any individuals or entities with whom they are considered affiliated.

Producer's Certification:

I hereby certify that the information on this form is true and correct to the best of my knowledge.

10A. Producer's Signature (By)	10B. Title/Relationship (If Signing in Representative Capacity)	10C. Date (MM-DD-YYYY)
FOR FSA USE ONLY (for referral to NRCS) Sign and date if NRCS determination is needed.		11B. Date (MM-DD-YYYY)

IMPORTANT: If you are unsure about the applicability of HELC and WC provisions to your land, contact your local USDA Service Center for details concerning the location of any highly erodible land or wetland and any restrictions applying to your land according to NRCS determinations before planting an agricultural commodity or performing any drainage or manipulation. Failure to certify and properly revise your compliance certification when applicable may: (1) affect your eligibility for USDA program benefits, including whether you qualify for reinstatement of benefits through the Good Faith process; and (2) result in other consequences.

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 12, the Food Security Act of 1985 (Pub. L. 99-198), and the Agricultural Act of 2014 (Pub. L. 113-78). The information will be used to certify compliance with HELC and WC provisions and to determine producer eligibility to participate in and receive benefits under programs administered by USDA agencies. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of producer ineligibility to participate in and receive benefits under programs administered by USDA agencies.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-78, Title II, Subtitle G, Funding and Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE.

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Application Assistance – NRCS Records Release

Authorization for Release of Records

To: United States Department of Agriculture (USDA), Natural Resources Conservation Service (NRCS)

From (Individual and/or Farm Name): _____

Mailing Address:

Farm Address (if different than mailing):

Municipality of Farm: _____

I hereby authorize the release of my individual records that are in the custody of the USDA, NRCS.

I authorize release of records to the following named individual(s) or representative(s) of the following organization(s):

List name(s) or organization(s):

I authorize release of the following information (*initial the appropriate block*):

ANY information in my files

or

ONLY the following information as noted below:

- _____
- _____
- _____
- _____

Beginning date _____ for release of record. Ending date _____ for release of record.

I understand and acknowledge that NRCS cannot be responsible for ensuring the confidentiality of released records.

Name (Please Print): _____

Signature: _____

Date Signed: _____

Rev. June 6, 2011

State Funding - PennVest



- Low cost loans....or “loan-forgiveness”
- Application sponsor must be municipal or government entity
- Low cost loans....or “loan-forgiveness”
- Financial Need Evaluation:
 - 3 years complete tax returns, including Schedule F
 - Personal financial statement on bank letterhead that clearly states all assets and all debt
 - including mortgage/loan monthly payment amounts and interest rate
- 100% funding of conservation BMPs
- Potential staff time funding
 - Up to 4% of project cost

State Funding – REAP



Resource Enhancement and Protection (REAP) Program

- Between 50% and 75% of project costs in the form of State tax credits for up to \$150,000 per agricultural operation.
- The tax credits can be used incrementally (as needed) for up to 15 years
- Farmers and landowners can elect to sell the tax credits after 1 year.
- Farmers can work with a sponsor
- Applicants can apply for proposed projects and/or completed projects

State Funding – DEP

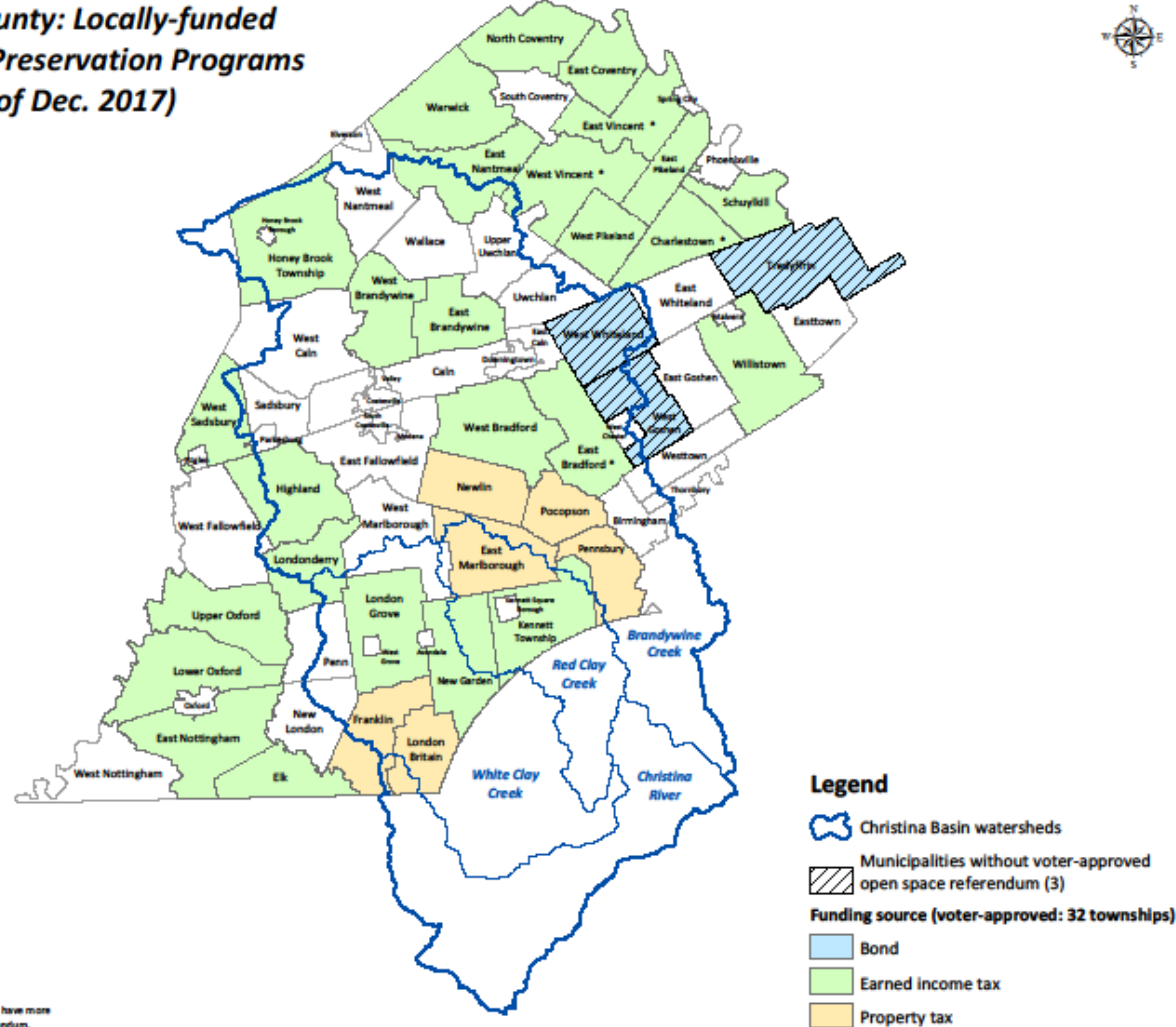


Small Business Advantage Grant Program

- 50% matching grants, up to a maximum of \$9,500
- Small business = 100 or fewer full-time employees

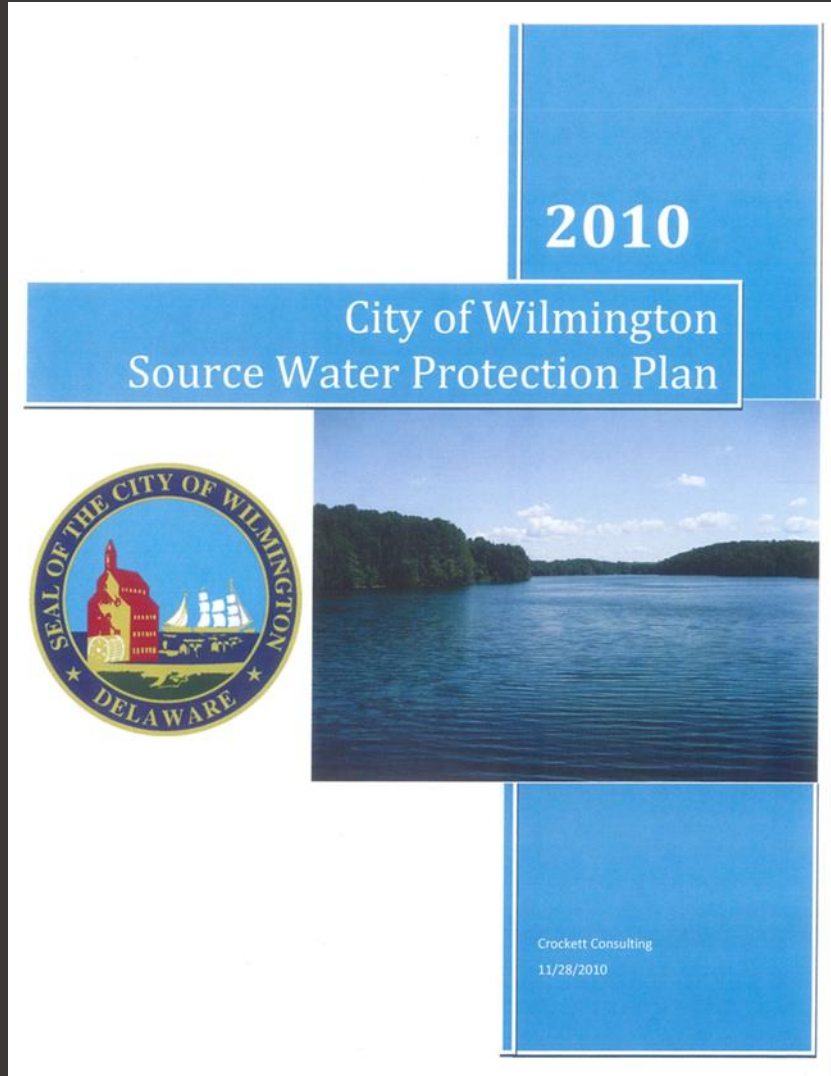
Local Municipalities = Conservation Funding

**Chester County: Locally-funded
Open Space Preservation Programs
(as of Dec. 2017)**



Note: Those municipalities marked with a * have more than one voter-approved open space referendum.

Downstream Stakeholders = Conservation Funding



1. Better protect the water supply for future generations,
2. Reduce long term operating costs while avoiding future treatment improvement costs through proactive watershed planning,
3. Improve early warning and emergency communications,
4. **Leverage upstream investments to protect the water supply through agricultural mitigation and farmland preservation**



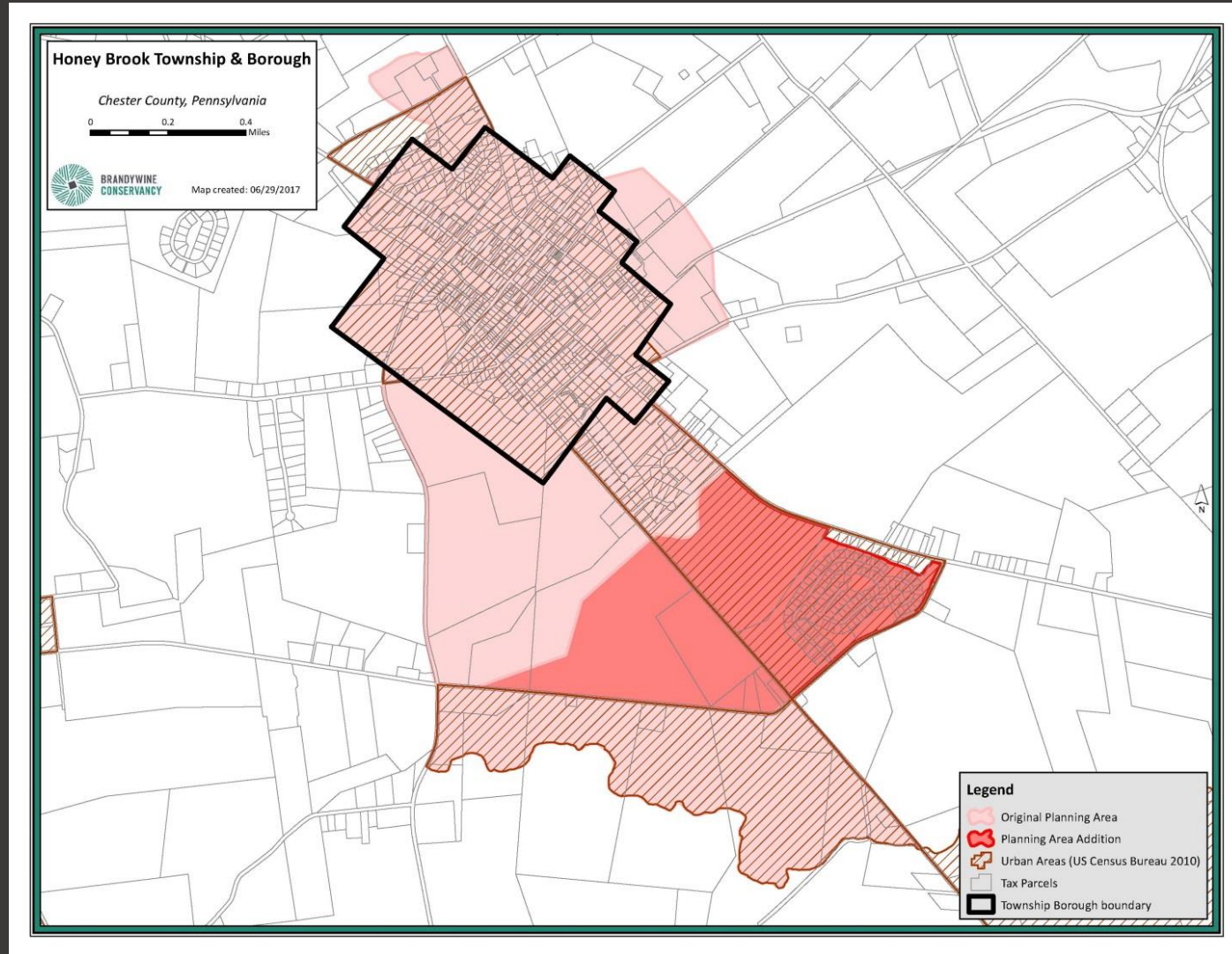
Cluster Partners = Conservation Funding

- Stroud Water Research Center Farm Stewardship Program
 - \$4,000 per acre of forested buffer restored reimbursement or direct payment to contractor
- Brandywine Red Clay Alliance
 - Stream Restoration complimentary to headquarters and field practices



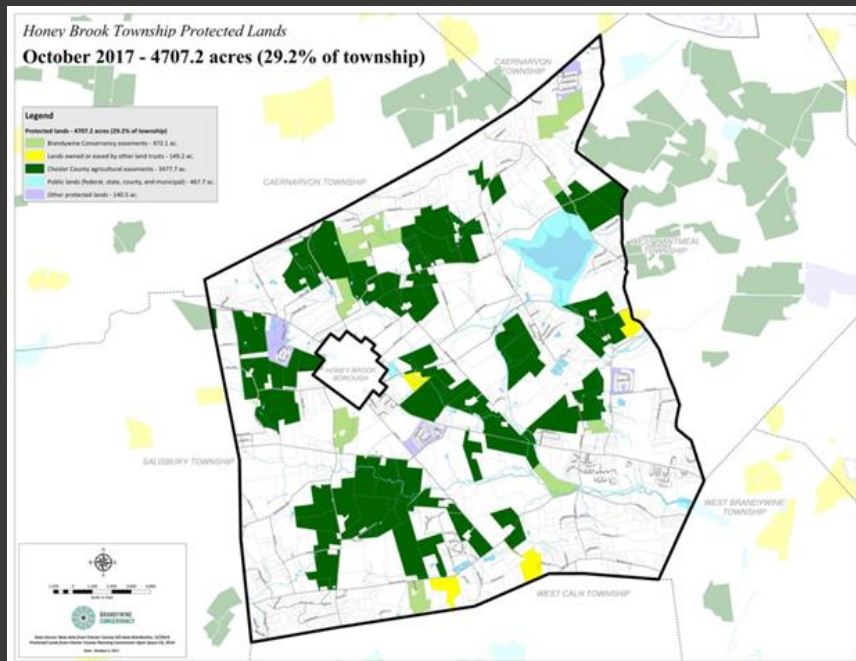
Complimentary Strategies = Conservation Funding

- Fisher Farm
- Preserved in 2007
- Generational Transfer
- Census-designated urbanized area
- Joint MS4 PRP & TMDL plan
 - Awaiting DEP permit approval



Land Preservation = Conservation Funding

- Debt relief
- Capital improvements
- Transition and estate planning
- Land acquisition



Lessons Learned – Follow The Rain Drop!

Address everywhere the rain drop falls

- Gutters are a partnership gateway drug!
 - ~\$16 per hit = linear foot
 - Barn roof
 - Heifer barn
 - Equipment shed
 - Stable
 - Garage



Lessons Learned – Follow The Rain Drop!

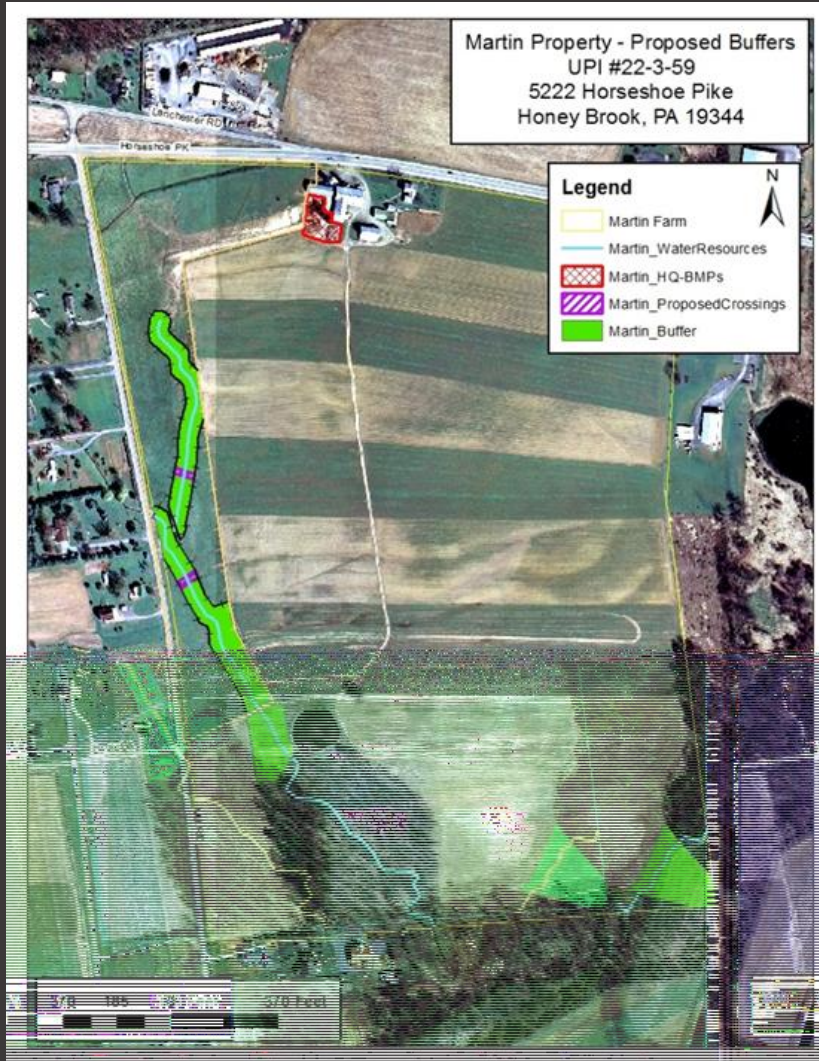
Manage everywhere the rain drop flows on its way to the stream



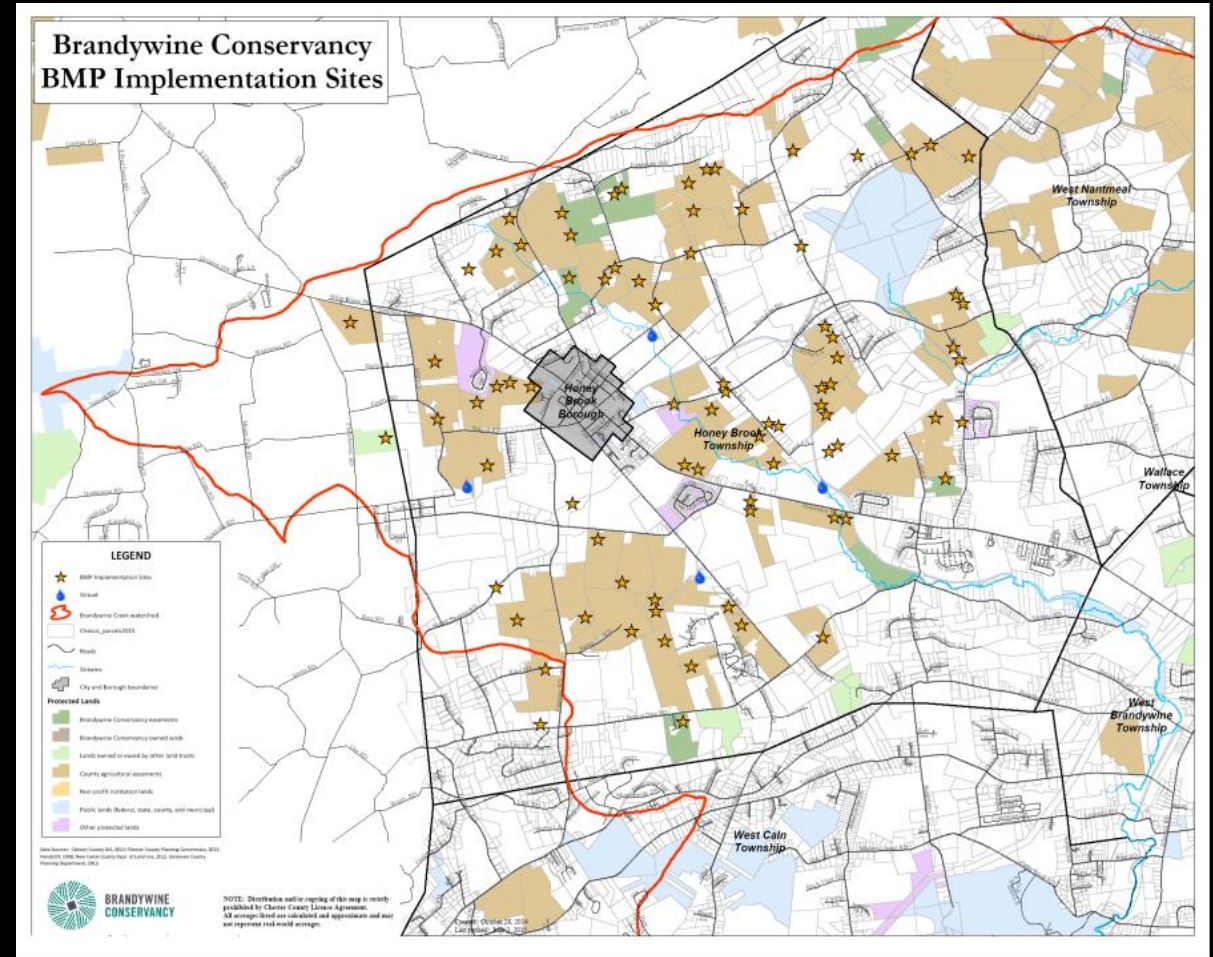
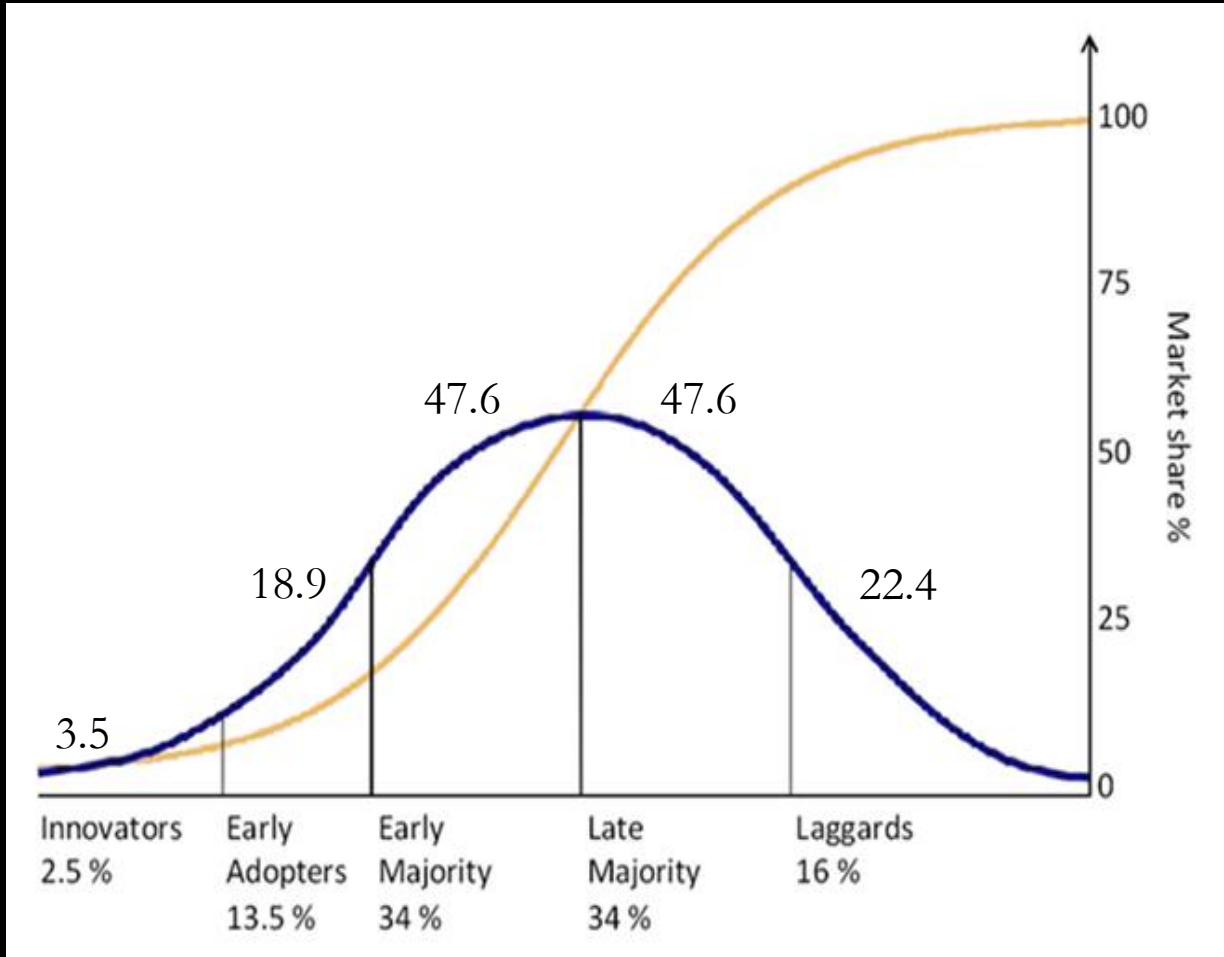
Lessons Learned – Check-In!

- NRCS letters and requests for more information
 - Don't know what help they can ask for
- We are all too busy for one more thing
 - Let's undertake a \$200,000+ whole-farm BMP implementation project, who will the farmer meet/need to work with:
 - Conservation Planner
 - Nutrient Management Planner
 - Engineering technician and/or surveyor
 - Engineer
 - Funders – Federal, State, private
 - Contracts
 - Permits – state handled by Engineer, but Township?
 - Construction Contractors – concrete work, excavation, fencing, GUTTERS!
 - Buffer implementation
 - BMP certification

Martin Farm



Lessons Learned – 140 Honey Brook FA Farms

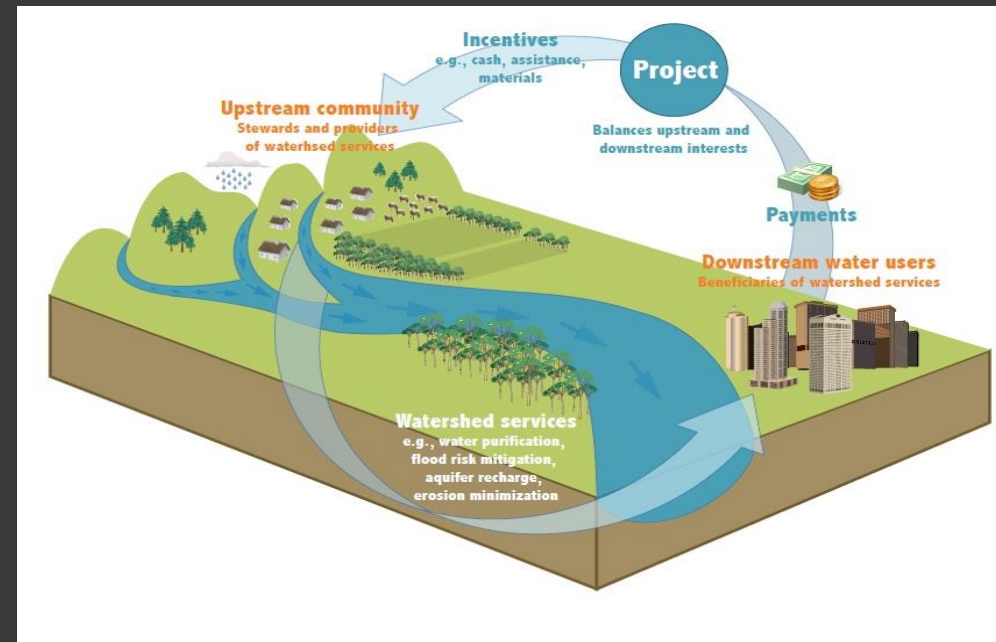


Whole-Farm BMP Implementation – What's Next?

- New technology: gasification, biochar through pyrolysis, regional manure digester
- Nutrient removal medium
- Interseeding
- Conflicting resource management
- Brandywine-Christina Healthy Water Fund



Revolving Water Fund

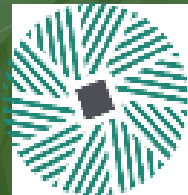




QUESTIONS / DISCUSSION

Grant DeCosta
Senior Planner for Land Conservation
Brandywine Conservancy

gdecosta@brandywine.org



**BRANDYWINE
CONSERVANCY**